

OTPE JC98
SEP 08 2004
USPTO

AF#
2172
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/682,098
Applicant : BERNHART *ET AL.*
Filed : JULY 19, 2001
Title : SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR
MANAGEMENT OF BIOLOGICAL EXPERIMENT INFORMATION

Art Unit : 2172
Examiner : To, BAOQUOC N.

Atty Docket No. : AFFY-0016-8

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

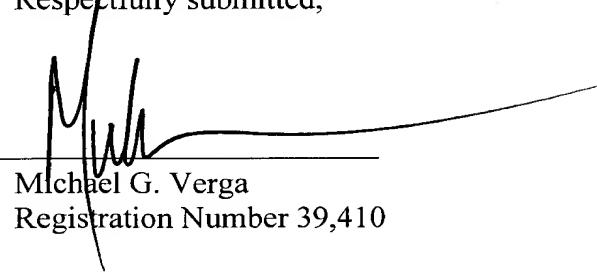
Sir:

The below-identified communication(s) is (are) submitted in the above-captioned application or proceeding:

- Fee Transmittal Form and Authorization to Charge Deposit Account
- Notice of Appeal
- Petition for Extension of Time

- The Commissioner is hereby authorized to charge payment of any fees associated with this communication, including fees under 37 C.F.R. §§ 1.16 and 1.17 or credit any overpayment to **Deposit Account Number 10-0233-AFFY-0016-8**.

Respectfully submitted,


Michael G. Verga
Registration Number 39,410

JAGTIANI + GUTTAG
Democracy Square Business Center
10363-A Democracy Lane
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September 8, 2004

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JCSB
SEP 08 2004
U S P A T E N T & T R A M K O F F I C E

Patent Fee Transmittal for FY 2004

Applicant Claims Small Entity Status 37 C.F.R. 1.27

TOTAL AMOUNT OF PAYMENT **\$750.00**

Application Number	09/682,098
Filing Date	July 19, 2001
Named Inventor	Bernhart, et al.
Examiner Name	To, Baoquoc N.
Art Unit	2172
Attorney Docket No.	AFFY-0016-8

FEE CALCULATION

1. Basic Filing Fee

Large Entity	Small Entity	Description	Paid
Code	(\$)	Code	(\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
1609	730	2609	365
1610	770	2610	385
1611	1,080	2611	540
1612	100	2612	50
1613	920	2613	460
Basic Fee Subtotal			\$ -

2. Extra Claim Fee

a. Claims as Filed			Large Entity	Small Entity	Paid		
Total Claims	Extra Claims		Code	(\$)	Code	(\$)	Paid
0	-20	= 0	1202	18	2202	9	\$ -
0	-3	= 0	1201	86	2201	43	\$ -
			1203	290	2203	145	\$ -
Multiple Dependent							
b. Claims as Amended			Large Entity	Small Entity	Paid		
After Amnt	Highest Paid	Present Extra	Code	(\$)	Code	(\$)	Paid
0	0	*	1202	18	2202	9	\$ -
0	0	**	1201	86	2201	43	\$ -
			1203	290	2203	145	\$ -
First Presentation of Multiple Dependent							
* Less than 20, enter 20 ** Less than 3, enter 3							
Extra Claim Fee Subtotal			\$	-			

3. Additional Fees

Large Entity	Small Entity	Description	Paid
Code	(\$)	Code	(\$)
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1460	130	1460	130
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1504	300	1504	300
1814	110	2814	55
1811	100	1811	100
Additional Fee Subtotal			\$ 750

3. Additional Fees (cont.)

Large Entity	Small Entity	Description (cont.)	Paid
Code	(\$)	Code	(\$)
8021	40	8021	40
1806	180	1806	180
1801	770	2801	385
1809	770	2809	385
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1807	50	1807	50
1812	2,520	1812	2,520
1804	920	1804	920
1805	1,840	1805	1,840
1810	770	2810	385
1802	900	1802	900
1551	910	2551	455
1552	2,090	2552	1,045
1553	3,220	2553	1,610
1554	130	2554	65
		Other fee	
Additional Fee Subtotal			\$ 750

(cont.)

METHOD OF PAYMENT

Deposit Account No. **10-0233-AFFY-0016-8**

The Commissioner is hereby authorized to charge the amount shown above and any additional fees which may be required under 37 CFR 1.16, 1.17, 1.18, 1.20 and 1.492 or credit any overpayment to the deposit account number listed above.

Name	Michael G. Verga	Reg. No.	39, 410
Firm	Jagtiani + Guttag		
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Telephone	703.591.2664	Fax	703.591.5907
<i>M</i>			September 8, 2004
Signature			Date

Include duplicate copy if paying by deposit account